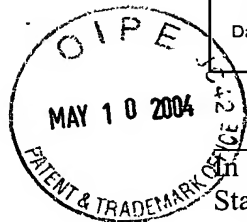


I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER518341128US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 5/10/04 Signature: Andrea Silverman
(Andrea Silverman)

Docket No.: WIBL-P01-575
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Stacey Bolk et al.

Confirmation No. 1826

Application No.: 10/007781

Art Unit: 1634

Filed: November 13, 2001

Examiner: Sitton, J.S.

For: ASSOCIATION OF THROMBOSPONDIN
POLYMORPHISMS WITH VASCULAR
DISEASE

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is being filed in response to the Office Action mailed from the U.S. Patent and Trademark Office on January 8, 2004 in the above-identified application. The Office Action sets forth a three month period to file a response. Applicants have filed concurrently herewith a Notice of Appeal and a Petition for a one month extension of time. Accordingly, the time to file a response has been extended to May 8, 2004, and this response is being timely filed. Reconsideration and further examination are requested.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

**AMENDMENT TRANSMITTAL LETTER**Docket No.
WIBL-P01-575Application No.
10/007781Filing Date
November 13, 2001Examiner
J. S. SittonArt Unit
1634

Applicant(s): Stacey Bolk et al.


Invention: ASSOCIATION OF THROMBOSPONDIN POLYMORPHISMS WITH VASCULAR DISEASE

TO THE COMMISSIONER FOR PATENTS


Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 21 =	0	x 18	0.00
Independent Claims	4	- 5 =	0	x 86	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity☐ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-1945
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Gloria Fuentes
Attorney Reg. No.: 47,580Dated: May 10, 2004ROPES & GRAY LLP
45 Rockefeller Plaza
New York, New York 10111-0087
(212) 497-3624

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Dated: 5/10/04Signature:  (Andrea Silverman)